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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number 10/648,619

Filing Date August 25, 2003

First Named Inventor CLARY, DOUGLAS O.

Group Art Unit 1642

Examiner Name

Total Number of Pages in This Submission

Attorney Docket Number UCAL-305CON4

**ENCLOSURES (check all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                   | <input type="checkbox"/> Assignment Papers<br>(for an Application)                            | <input type="checkbox"/> After Allowance Communication<br>to Group                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences        |
| <input type="checkbox"/> Amendment / Reply                                      | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                              | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                  | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                              | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below):            |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Terminal Disclaimer  | 1) Preliminary Amendment (3 pgs.)   |
| <input type="checkbox"/> Information Disclosure Statement                       | <input type="checkbox"/> Request for Refund   | 2) Return Postcard  |
| <input type="checkbox"/> Certified Copy of Priority<br>Documents                | <input type="checkbox"/> CD, Number of CD(s)  |   |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   |   |   |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | Remarks   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Signing Attorney/Agent  
(Reg. No.)PAULA A. BORDEN, 42,344  
BOZICEVIC, FIELD & FRANCIS LLP

Signature

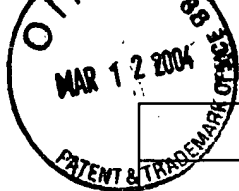
Date

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<b>PRELIMINARY AMENDMENT</b>  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Confirmation No.	UCAL305CON4 4389
	First Named Inventor	D.O. Clary
	Application Number	10/648,619
	Filing Date	August 25, 2003
	Group Art Unit	1642
	Examiner Name	(unknown)
	Title	<i>Antibodies that mimic actions of neurotrophins</i>

Sir:

Prior to examination of the application on the merits, please enter the amendments shown below.